

FAMILY FIRST HOME HEALTH
1493 NORTH 150 WEST
BOUNTIFUL UT 84010
STATE'S REGION CODE: 001

PROVIDER #: 467214
PHONE NUMBER: (801) 295-7113
PARTICIPATION DATE: 04/22/2004

TYPE ACTION: RECERTIFICATION
TYPE FACILITY: OTHER
TYPE OWNERSHIP: PROPRIETARY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

CURRENT SURVEY REVISIT DATES -

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY 04/2004	CURRENT SURVEY 12/02/2004	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
		X	X C	01/04/2005	G0145-WRITTEN REPORT FOR EACH PATIENT TO ATTENDING PHYSICIAN EV
		X			G0159-PLAN OF CARE COVERS DIAGNOSES, REQUIRED SERVICES, VISITS,
		X			G0236-RECORD WITH PAST/CURRENT FINDINGS MAINTAINED FOR ALL PATI

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT
* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
STANDARD	1	2	0	0
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	1	2	0	0

STATUS OF DEFICIENT COPS
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
COP	0	0	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
05/21/2004	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY